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10/09/912

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS			
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS		minus 20 = *	*
INDEPENDENT CLAIMS		minus 3 = *	*
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			MINUS	=
Total	* 23	Minus	** 29	= 0
Independent	* 4	Minus	*** 3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

11-14-05

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			MINUS	=
Total	* 23	Minus	** 29	=
Independent	* 4	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			MINUS	=
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY	
RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL		OR TOTAL	

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	100.00
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE ADDITIONAL FEE		RATE ADDITIONAL FEE	
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE ADDITIONAL FEE		RATE ADDITIONAL FEE	
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

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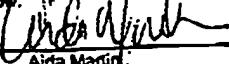
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I hereby certify that this correspondence is being sent by facsimile transmission in accordance with § 1.6(d) addressed to Art Unit 1652, Central Facsimile No. (571)273-8300, the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Date: November 14, 2005

By: 
Aida Martin

NOV 14 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.: 10/091,912 Confirmation No. 9189

Applicant: Bott et al.
Filed: March 5, 2002
Art Unit: 1652
Examiner: David J. Steadman
Docket No.: GC724
Customer No.: 5100

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

RESPONSE UNDER 37 C.F.R. §1.111

Sir:

This is in response to the Office Action of May 18, 2005. A Three-Month Extension of Time is being filed concurrently herewith. Therefore, this Response is being filed on or before the current due date of November 18, 2005. Reconsideration of the above-referenced patent application is respectfully requested in light of the following Amendments and Remarks.

Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

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Page 2

The Commissioner is hereby authorized to charge any fees under 37 C.F.R.
§§ 1.16 and 1.17 that may be required by this paper, and to credit any overpayment, to
Deposit Account No. 07-1048 (Docket No. GC724). A duplicate of this paper is
enclosed.

Respectfully submitted,

Date: November 9, 2005

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